Calendar Year 2014	
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Agency Name: Massachusetts State Police

Individual Completing Report: Captain John B. McHale

Office Telephone Number: (508) 820-2162

Date Submitted: April 14, 2014

Reporting Quarter	Reporting Period	Report Due Date		
X1 st Quarter	January 1 st – March 31 st , 2014	April 15 th , 2014		
2 nd Quarter	April 1 st – June 30 th , 2014	July 15 th , 2014		
3 rd Quarter	July 1 st – September 30 th , 2014	October 15 th , 2014		
4 th Quarter	October 1 st – December 31 st , 2014	January 15 th , 2015		

Please provide information that reflects use of ECWs during this quarter only. Approved law enforcement agencies are required to submit this form every quarter even if they have not yet purchased the devices, trained their officers, or utilized the weapons. In this case, please indicate that there were zero (0) incidents in which ECWs were used this quarter.

If you have any questions about this report, please contact Brittany Peters by phone at 617.725.3352 or via email at Brittany.Peters@state.ma.us.

Part I. Agency Level Information

How many sworn officers were in your department at the end of this quarter?				
How many officers have completed the approved training program for ECWs?	39			
How many ECWs does your department own?	6			
4. In how many <i>incidents</i> was an ECW involved during this quarter? An incident is an event in which an officer issued a warning and/or deployed an ECW.	0			

Note: If the response to Question #4 above is 0, submit only this page to EOPSS. If, however, the response is ≥ 1, submit both page 2 and page 4 to EOPSS.

Calendar Year 2014	
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Agency Name: Massachusetts State Police

Individual Completing Report: Captain John B. McHale

Office Telephone Number: (508) 820-2162

Date Submitted: July 11, 2014

Reporting Quarter	Reporting Period	Report Due Date		
1 st Quarter	January 1 st – March 31 st , 2014	April 15 th , 2014		
<u>X</u> 2 nd Quarter	April 1 st – June 30 th , 2014	July 15 th , 2014		
3 rd Quarter	July 1 st – September 30 th , 2014	October 15 th , 2014		
4 th Quarter	October 1 st – December 31 st , 2014	January 15 th , 2015		

Please provide information that reflects use of ECWs during this quarter only. Approved law enforcement agencies are required to submit this form every quarter even if they have not yet purchased the devices, trained their officers, or utilized the weapons. In this case, please indicate that there were zero (0) incidents in which ECWs were used this quarter.

If you have any questions about this report, please contact Brittany Peters by phone at 617.725.3352 or via email at Brittany.Peters@state.ma.us.

Part I. Agency Level Information

How many sworn officers were in your department at the end of this quarter?	2053
How many officers have completed the approved training program for ECWs?	39
How many ECWs does your department own?	6
4. In how many <i>incidents</i> was an ECW involved during this quarter? An incident is an event in which an officer issued a warning and/or deployed an ECW.	0

Note: If the response to Question #4 above is 0, submit only this page to EOPSS. If, however, the response is ≥ 1, submit both page 2 and page 4 to EOPSS.

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Agency Name:

MA State Police

Calendar Year 2013

Individual Completing Report:

Date Completed:

Phone Number:



Reporting Quarter	Reporting Period	Report Due Date		
1 st Quarter	January 1 st – March 31 st , 2013	April 15 th , 2013		
2 nd Quarter	April 1 st – June 30 th , 2013	July 15 th , 2013		
X 3 rd Quarter	July 1 st – September 30 th , 2013	October 15 th , 2013		
4 th Quarter	October 1 st – December 31 st , 2013	January 15 th , 2014		

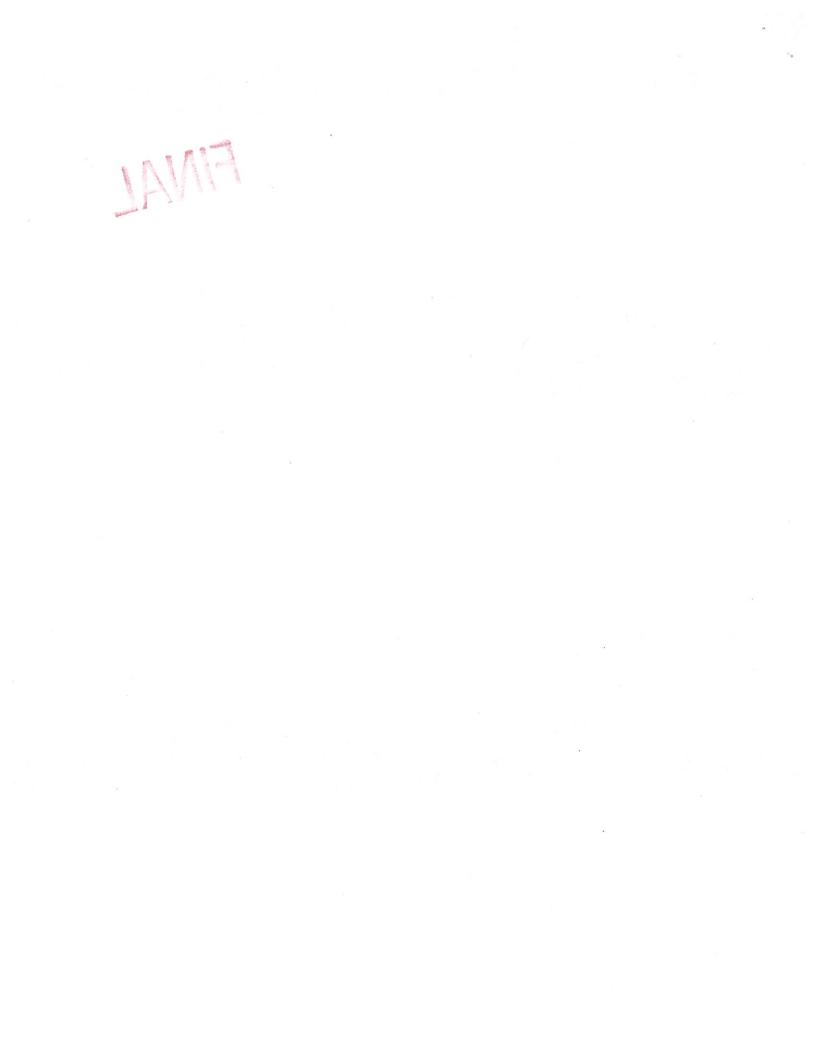
Please provide information that reflects use of electronic control weapons (ECWs) during this quarter only.

Police departments that have issued ECWs to their officers must submit a quarterly report **even if ECWs were not used or were not issued** during the quarter. In this case, please indicate that there were zero (0) incidents in which ECW's were used this quarter.

If you have any questions about this report, please contact Brittany Peters by phone at 617.725.3352 or via email at Brittany.Peters@state.ma.us.

Part I. Agency Level Information

How many sworn officers were in your department at the end of this quarter?	2160
How many officers have completed the approved training program for ECWs?	r 39
How many ECWs does your department own?	6
	6
 In how many incidents was an ECW involved during this quarter? (A incident is an event in which the officer issued a warning or displayed deployed an ECW.) 	



Electronic Control Weapons (ECWs) Use Quarterly Report

Part II. Incident Level Information

A: INSTRUCTIONS:

Please complete one row for each officer involved in an incident in which an ECW was involved and the officer issued a warning or displayed or deployed an ECW. If more than one officer is involved in the same incident, use the same incident number for all officers in that incident. The number of incidents containing information should equal the total incidents reported in question #4 on page 2. Additional rows can be added to the table if necessary.

Please provide information that reflects use of electronic control weapons (ECWs) during this quarter only (not including usage during trainings, testing, or usage on animals).

> Warning Type – More than one response may be entered. Please indicate all that apply:

N/A = not applicable (no warning given)

V = verbal warning used

L = laser function used

S = spark function used

For Deployment Type – Please indicate the number of each deployment type in ALL applicable columns:

STUN DEPLOYMENT = number of times drive stun function used

PROBE DEPLOYMENT = number of times probe function used and includes

follow-up drive stun when a single probe is still attached

- Subject Submitted: Indicate whether each warning, probe, or stun resulted in the submission or cooperation of the subject. If subject did not submit (e.g., through flight or continued resistance), please answer "no". If a subject submitted for reasons other than ECW use, such as hands-on techniques, pepper spray, or baton use, enter "no" in "Subject Submitted" columns.
- Race/Ethnicity Please indicate the racial/ethnic composition of the targets of all ECW drive stuns or probes.

A = Asian or Pacific Islander

B = Black

H = Hispanic

I = Native American, American Indian, or Alaskan Native

M = Middle Eastern or East Indian

W = White

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B: EXAMPLES OF INCIDENT LEVEL INFORMATION:

Incident Number	Weapon Serial Number	Date of Incident	Warning Type	Did Subject Submit? Y/N	# of Probe Deploy- ments	Subject Submitted? Y/N	# of Stun Deploy- ments	Did Subject Submit? Y/N	Target's Gender	Target's Race / Ethnicity
1		1/1/13	S	No	0	N/A	2	Yes	М	W
1A		1/1/13	N/A	N/A	1	Yes	0	N/A	М	W
2		2/5/13	V	No	0	N/A	1	No	F	В
3		3/7/13	V, L, S	No	1	No	3	No	М	А
4		3/15/13	٧	Yes	0	N/A	0	N/A	М	Н
5		3/31/13	N/A	N/A	1	Yes	1	No	М	1

C: CURRENT INCIDENT LEVEL INFORMATION*

Incident Number	Weapon Serial Number	Date of Incident	Warning Type	Did Subject Submit? Y/N	# of Probe Deploy- ments	Subject Submitted? Y/N	# of Stun Deploy- ments	Did Subject Submit? Y/N	Target's Gender	Target's Race / Ethnicity
N/A										
-										
					, ,,,					

^{*}If necessary, please add rows by cutting and pasting additional cells

Part III. Additional Information

If there is any other information you would like to report, including details regarding a specific incident or incidents, please use this space to do so.

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Executive Office of Public Safety and Security Data Collection on Electronic Control Weapons (ECW) Usage

The Secretary of the Executive Office of Public Safety and Security (EOPSS) is required by law to develop a uniform protocol directing state, municipal and regional law enforcement agencies to collect data on electronic control weapons ECW usage (Chapter 170 of the Acts of 2004). The first page of this document describes the process for collecting data on ECW usage and reporting that information to the Secretary.

How often will data be collected?

Approved agencies are required to submit reports on the usage of ECWs on a quarterly basis. Reports are due two weeks after the end of a quarter, following the schedule outlined below:

Quarter	Time Period	Report Due Date
1 st	January 1, 2014 – March 31, 2014	April 15, 2014
2 nd	April 1, 2014 – June 30, 2014	July 15, 2014
3 rd	July 1, 2014 – September 30, 2014	October 15, 2014
4 th	October 1, 2014 – December 31, 2014	January 15, 2015

How are the quarterly reports submitted to EOPSS?

Reporting agencies can submit Quarterly ECW Reports to EOPSS by:

- Faxing the report to the Office of Grants and Research at 617.725.0260; or
- Sending the report as an email attachment via email at ECW@massmail.state.ma.us.

What data will be collected?

The Quarterly Report includes questions about the use of ECWs, including the number of officers trained, the number of ECWs owned by the department, the number of incidents in which an ECW was involved, subject submission data, and demographic information on ECW subjects. Approved law enforcement agencies are required to submit this form every quarter even if they have not yet purchased the devices, trained their officers, or utilized the weapons.

The Quarterly Report includes information that is required by law to be reported to EOPSS. However, many law enforcement agencies collect extensive information about ECW usage by their officers. EOPSS encourages law enforcement agencies to consider collecting more than the minimal amount of information that is required by law on the use of ECWs for their agency's internal use of force reports. Examples of the types of information that agencies may want to collect and policy considerations can be obtained from the International Association of Chiefs of Police (IACP) and from the Police Executive Research Forum (PERF).

What will the Secretary of Public Safety and Security do with the data that are submitted?

The Research and Policy Analysis Division (RPAD) of EOPSS authors an annual report analyzing the data received in the Quarterly Reports during the preceding year. This annual report is posted online on the EOPSS Website, (http://www.mass.gov/eopss/publications-and-reports.html), sent via email to all approved law enforcement agencies, and sent by mail and email to the State House Library.

Who do I contact with questions about reporting requirements for ECW usage?

Contact Heather West, RPAD Research Analyst, at 617.725.3354 or by email at ECW@massmail.state.ma.us.

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Executive Office of Public Safety and Security Electronic Control Weapons (ECWs) Use Quarterly Report

Calendar Year 2014	
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Agency Name: Massachusetts State Police

Individual Completing Report: Captain John B. McHale

Office Telephone Number: (508) 820-2162

Date Submitted: January 5, 2015 Agency Name:

Reporting Quarter	Reporting Period	Report Due Date
1 st Quarter	January 1 st – March 31 st , 2014	April 15 th , 2014
2 nd Quarter	April 1 st – June 30 th , 2014	July 15 th , 2014
3 rd Quarter	July 1 st – September 30 th , 2014	October 15 th , 2014
X4 th Quarter	October 1 st – December 31 st , 2014	January 15 th , 2015

Please provide information that reflects use of ECWs during this quarter only. Approved law enforcement agencies are required to submit this form every quarter even if they have not yet purchased the devices, trained their officers, or utilized the weapons. In this case, please indicate that there were zero (0) incidents in which ECWs were used this quarter.

If you have any questions about this report, please contact Heather West by phone at 617.725.3354 or via email at ECW@massmail.state.ma.us.

Part I. Agency Level Information

How many sworn officers were in your department at the end of this quarter?	2179
How many officers have completed the approved training program for ECWs?	39
How many ECWs does your department own?	6
4. In how many <i>incidents</i> was an ECW involved during this quarter? An incident is an event in which an officer issued a warning and/or deployed an ECW.	0

Note: If the response to Question #4 above is 0, submit only this page to EOPSS. If, however, the response is \geq 1, submit both page 2 and page 4 to EOPSS.

Electronic Control Weapons (ECWs) Use Quarterly Report

Part II. Incident Level Information

A: INSTRUCTIONS:

Please complete one row for each incident. An incident is an event in which an officer issued a warning and/or deployed an ECW. Separate incidents should be numbered sequentially (i.e. 1, 2, 3). If more than one officer was involved in the same incident involving a single subject, use the same incident number for all officers in that incident (i.e. 1A, 1B, 1C). The number of incidents listed on page 4 should match the total number of incidents in Question #4 on page 2. Additional rows can be added to the table on page 4 if necessary.

Please provide information that reflects the use of ECWs during this quarter only. **Do not include** equipment testing, usage during trainings, accidental deployments, displays of weapons when not accompanied by a warning or deployment, or deployments on animals.

> Warning Type - More than one response may be entered. Please indicate all that apply:

N/A = Not applicable (no warning given)

V = Verbal warning used

L = Laser function used

S = Spark function used

Deployment Type – Please indicate the number of each deployment type in ALL applicable columns:

PROBE DEPLOYMENT = Number of times probe function is used and includes follow-up drive stun when a single probe is still attached

STUN DEPLOYMENT = Number of times drive stun function is used

- Subject Submitted Please indicate whether each warning, probe, or stun resulted in submission by or cooperation of the subject (Yes, No, N/A). If a warning was not issued, please enter N/A in the Did Subject Submit field. If the subject did not submit (through flight, continued resistance, equipment failure), please enter No in the Did Subject Submit field. If a subject submitted for reasons other than ECW use, such as hands-on techniques, pepper spray, or baton use, please enter No in the Did Subject Submit field. If weapons were not deployed, please enter N/A in the Did Subject Submit field.
- Gender Please indicate the gender of all ECW subjects.

M = Male

F = Female

Race/Ethnicity – Please indicate the racial/ethnic composition of all ECW subjects.

A = Asian or Pacific Islander

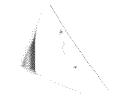
B = Black

H = Hispanic

I = Native American, American Indian, or Alaskan Native

M = Middle Eastern or East Indian

W = White



B: EXAMPLES OF INCIDENT LEVEL INFORMATION:

Incident Number	Weapon Serial Number	Date of Incident	Waming Type	Did Subject Submit?	# of Probe Deploy- ments	Did Subject Submit?	# of Stun Deploy- ments	Did Subject Submit?	Subject's Gender	Subject's Race
1A		1/1/14	s	No	0	N/A	2	Yes	М	W
1B		1/1/14	N/A	N/A	1	Yes	0	N/A	М	W
2		2/5/14	Ÿ	No	0	N/A	1	No	F	В
3		3/7/14	V, L, S	No	1	No	3	No	М	. A
4		3/15/14	V	Yes	0	N/A	0	N/A	М	Н
5		3/31/14	N/A	N/A	1	Yes	1	No	M	l

C: CURRENT INCIDENT LEVEL INFORMATION*

Incident Number	Weapon Serial Number	Date of Incident	Waming Type	Did Subject Submit?	# of Probe Deploy- ments	Did Subject Submit?	# of Stun Deploy- ments	Did Subject Submit?	Subject's Gender	Subject's Race
N/A										
N/A	•			-		******			······	
N/A							,			
N/A									•	
N/A										
N/A										
N/A				****				***************************************		
N/A										••
N/A	***************************************									

^{*}If necessary, please insert additional columns.

Part III. Additional Information

If there is any other incident-specific information you would like to report, please use the space below to do so.

N/A